

**RESPITE CARE PROGRAM - SUMMARY EVALUATION
SERIOUS EMOTIONAL DISTURBANCE CRITERIA**

CHILD'S NAME _____

FAMILY NAME _____

1. The child is between the ages of 0 and 18 years of age OR The child is between 18 and 21 years of age and demonstrates a continuing need for services that were started before age 18 in order to realize specific service goals or during the transition to adult services.

2. The behavior of the child results in functional impairment which substantially interferes with, or limits the child's role or functioning in the community, school, family, or peer group. (Behaviors and how they limit the child's functioning are listed below)

a. _____

b. _____

c. _____

d. _____

e. _____

3. The child has a mental health disorder diagnosed under DSMIII-R or DSMIV other than a V Code, Developmental Disorder, or Alcohol or Substance Abuse. (Diagnosis listed below)

Axis I _____
Primary Secondary

Axis II _____
Primary Secondary

4. The child demonstrates a need for one or more special care services, in addition to mental health, possibly requiring the involvement of more than one agency. (Services listed below)

Type of Service

Agency

a. _____

b. _____

c. _____

5. The child has problems with a demonstrated or expected longevity of at least one year, or with a short duration and high intensity (i.e. suicidal). Please identify when the problems first began.

THERAPIST'S SIGNATURE _____ **DATE** _____

Print or type Therapist's name and address: _____